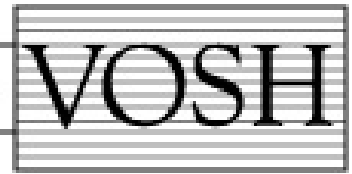


Virginia Occupational Safety and Health



**VOSH PROGRAM DIRECTIVE: 02-002**

**ISSUED: September 15, 2006**

**SUBJECT: Exposure Control Plan for VOSH Personnel with Occupational Exposure to Bloodborne Pathogens**

**A. Purpose.**

This directive transmits to field personnel uniform policy for protection of VOSH personnel who, as a part of their job, face reasonably anticipated exposure to bloodborne pathogens.

*This Program Directive is an internal guideline, not a statutory or regulatory rule, and is intended to provide instructions to VOSH personnel regarding internal operation of the Virginia Occupational Safety and Health Program and is solely for the benefit of the program. This document is not subject to the Virginia Register Act or the Administrative Process Act; it does not have general application and is not being enforced as having the force of law.*

**B. Scope.**

This directive applies to all VOSH personnel, and specifically to Occupational Safety and Health Compliance and Consultation Services personnel.

**C. References.**

1910.1030, Occupational Exposure to Bloodborne Pathogens.  
1910.20, Access to Employee Exposure and Medical Records.  
CPL 02-02-060 (CPL 2-2.60), March 7, 1994

**D. Cancellation.**

None.

**E. Action.**

Directors and Managers shall ensure that the guidelines in this Directive are followed.

**F. Effective Date.**

October 1, 2006

C. Ray Davenport  
Commissioner

Attachment: Exposure Control Plan for VOSH Personnel with Occupational Exposure to Bloodborne Pathogens

Reference:

Distribution: Commissioner of Labor and Industry  
Assistant Commissioner - Programs  
VOSH Directors and Managers  
VOSH Compliance Staff  
Cooperative Programs Director and Manager  
Legal Support Staff  
IMIS Support Staff  
OSHA Area Office, Norfolk  
OSHA Regional Administrator, Region III

When the guidelines, as set forth in this Program Directive, are applied to the Commissioner of the Department of Labor and Industry, Department staff, and/or to Virginia employers, the following federal terms if, and where they are used, shall be considered to read as below:

Federal Terms

VOSH Equivalent

29 CFR

VOSH Standard

Regional Administrator

Commissioner of Labor and Industry

Area Director

Region Director

Regional Solicitor

VOSH Office of Legal Support (OLS) or  
Office of the Attorney General (OAG)

Agency

Department

Office of Statistics

VOSH Research and Analysis

Compliance Safety and Health Officer (CSHO)  
and/or Industrial Hygienist

CSHO

Field Inspection Reference Manual (FIRM)

VOSH Field Operations Manual (FOM)

**VIRGINIA  
DEPARTMENT OF  
LABOR AND INDUSTRY**

**Bloodborne Pathogen  
Exposure Control Plan**

# ***BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN***

## **POLICY**

The Virginia Department of Labor and Industry is committed to providing a safe and healthful work environment for its entire staff. In pursuit of this goal, the following Exposure Control Plan is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with VOSH standard 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The Exposure Control Plan (ECP) is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees. Implementation methods for these elements of the standard are discussed in the subsequent pages of the Plan. The main sections of the ECP include:

- Determination of employee exposure
- Methods of implementation and compliance, including:
  - Universal precautions
  - Work practice controls
  - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

## **PROGRAM ADMINISTRATION**

- The Division of Occupational Health Compliance is responsible for implementation of the ECP and it will maintain, review, and update the ECP at least annually, and, whenever necessary, to include new or modified tasks and procedures.
- Those compliance officers who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
- The Division of Occupational Health Compliance will provide and maintain all necessary personal protective equipment (PPE), engineering controls, labels, and waste disposal bags as required by the standard. It will also ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
- The Division of Human Resources will be responsible for ensuring that all medical actions required by the standard are performed and that medical records are maintained.
- The Regional Director and/or designee will be responsible for training, documentation of training, and making the written ECP available to compliance officers.

## **DETERMINATION OF EMPLOYEE EXPOSURE**

All compliance officers who, as a result of performing their job duties, must engage in activities where exposure to blood or other potentially infectious materials is reasonably anticipated are considered to have occupational exposure. In consideration of expected activities of compliance officers, certain groups of tasks have been identified as those where occupational exposure could be reasonably anticipated. This would include fatality and accident investigations where there has been wide contamination with blood and other potentially infectious materials. For example, checking personal protective equipment or safety equipment in the course of such investigations may result in occupational exposure. Other tasks include removing personal sampling devices that have become contaminated with blood; decontaminating pumps, lines and other objects contaminated with blood; or handling contaminated equipment and machinery which require the compliance officer to make contact with such items for accomplishment of an investigation.

Compliance officers shall take necessary precautions to avoid direct contact with blood and other potentially infectious materials. Any procedure that would expose compliance officers to blood or other potentially infectious materials, (e.g., kneeling in a pool of blood to get a close-up photo) is not to be undertaken.

Compliance officers should not participate in activities or enter areas that would expose them to body fluids, needles, instruments, equipment, machinery or surfaces that are contaminated with blood or other potentially infectious materials, except when absolutely necessary for the performance of duties. Moreover, even in cases of occupational exposure, (e.g., unavoidable contact with contaminated equipment that must be removed or examined), extreme caution must be observed by the compliance officer.

In cases where compliance officers must engage in activities as an essential part of their investigation to gather evidence or where they cannot avoid handling contaminated items, occupational exposure is reasonably anticipated. Compliance officers who must engage in such activities are, therefore, covered by this Plan.

## **METHODS OF IMPLEMENTATION AND COMPLIANCE**

### **● *UNIVERSAL PRECAUTIONS***

Compliance officers are not to handle contaminated objects unless absolutely necessary for performance of an inspection. For example, compliance officers shall not place hands in a trash can or laundry bag where regulated waste or contaminated laundry may be present. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual. Compliance officers shall use universal precautions when contact with any blood or potentially infectious materials are absolutely necessary.

### **● *WORK PRACTICE CONTROLS***

#### **Handwashing Facilities**

Antiseptic solution or towelettes will be provided to CSHOs with duties described in the exposure determination section of this Plan. The antiseptic solution or towelettes are to be carried by compliance officers on inspections where soap and running water may not be

immediately available and used immediately if contact of any skin surface with blood and/or other infectious material occurs. Such towelettes and any other paper products used should be disposed of as would any other trash except in a very rare circumstance where they would become contaminated to the extent that they would be considered regulated waste. In such case, see the Regulated Waste section of this plan. When such towelettes are used, hands or other skin surfaces cleansed using towelettes are to be washed as soon as feasible with soap and running water.

Compliance officers are to wash their hands with soap and water as soon as feasible after removal of gloves. Compliance officers are to wash hands and any other skin with soap and water, and flush mucous membranes with water, immediately or as soon as feasible following contact of those body areas with blood or any other potentially infectious material.

### **Contaminated Equipment**

Decontamination should be accomplished as soon as possible following the inspection or incident where the contamination occurred. If this is not possible, all equipment that can be easily decontaminated at the Office level, e.g., wiped off, should be decontaminated there. Decontamination is not to take place in any area where food or drink is consumed. Cloths used to wipe contaminated equipment can be discarded as refuse unless they would somehow become contaminated to the extent that they would be considered regulated waste. In that case, see the Regulated Waste section of this plan. A biohazard label is to be attached to any large contaminated equipment and is to state which portions are or remain contaminated.

In order to prevent occupational exposure to Consolidated Labs or other laboratory personnel, equipment and sampling media that may be contaminated with blood or other potentially infectious materials are to be examined at the Regional or Field Office prior to servicing or shipping and decontaminated, (e.g., wiped off with bleach or disinfectant), as necessary. For smaller pieces of equipment, the biohazard label should be attached as described above, and the piece of equipment should be placed in a bag prior to shipping. The compliance officer shipping the equipment that remains contaminated is to notify the receiving servicing center or manufacturer that contaminated equipment is being sent so that the receiving facility can take proper precautions upon the arrival of such equipment. In addition, the compliance officer should contact the transportation company that will be shipping the contaminated equipment regarding appropriate packaging for the items.

### **Personal Protective Equipment**

Although compliance officers are expected to avoid the handling of blood or other potentially infectious materials as well as contact with surfaces or items contaminated with such materials, some duties may make contact with such items unavoidable. Personal protective equipment shall be chosen based on the anticipated exposure to blood or other infectious materials.

The Agency will provide appropriate protective equipment which the compliance officer will carry on those inspections where activities, tasks, or procedures are likely to take place. Personal protective equipment will be considered appropriate only if it does not permit blood or other

infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membrane under normal conditions of use and for the duration of time which the PPE will be used. Compliance officers shall inspect PPE prior to donning.

Compliance officers shall wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM when handling or touching contaminated items or surfaces. Such gloves are to be replaced as soon as practical when contaminated or as soon as feasible if they become torn, punctured, or when their ability to function as a barrier appears to be compromised. These gloves are not to be washed or decontaminated for reuse. Employees are to wash their hands with soap and water as soon as feasible after removing gloves or other PPE.

It is not anticipated that compliance officers will require personal protective equipment other than gloves. The compliance officer should avoid areas where other equipment would be needed. In those rare circumstances where a compliance officer must enter a grossly contaminated environment to gather evidence as part of a fatality or accident investigation, goggles or splash face guards, disposable Tyvek suits and booties must also be worn.

The following chart indicates the chosen level of required protection based on the anticipated exposure to blood and/or other infectious materials during the performance of their duties.

<b>TASK</b>	<b>EYE/FACE</b>	<b>HANDS</b>	<b>FOOT</b>	<b>OTHERS</b>
Handling Test/Sampling Equipment	-	X <sup>4</sup>	-	
Fatality/Catastrophe Investigations	X <sup>1,3</sup>	X	X <sup>3</sup>	Tyvek Suit <sup>2</sup>
LEP First Report of Injury Investigations	X <sup>1,3</sup>	X	X <sup>3</sup>	

Note 1: Interchangeable use of goggles and splash face guards.

2: Disposable Tyvek suits required if in an unavoidable gross contaminated environment.

3: Mandated if significant exposure is anticipated, must be disposable type booties.

4: Disposable one time use type gloves.

## ● **HOUSEKEEPING**

### **Regulated Waste**

Only in rare circumstances is it anticipated that the duties of the compliance officer will generate regulated waste (items contaminated with blood or OPIM which would release these substances in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM which are capable of releasing these materials during handling). For example, items such as disposable gloves, Tyvek suits, and booties may rarely be contaminated to the extent that they are

regulated waste. If these items are not significantly contaminated or saturated with blood or other infectious material then these items can be thrown away in regular trash.

If any articles are penetrated by blood or other infectious materials, they shall be removed and placed into a biohazard bag prior to leaving the immediate investigative work area. If no such container is available at the facility, the compliance officer is to discard contaminated personal protective equipment and other regulated waste in biohazard bags.

The Agency will provide biohazard bags to compliance officers performing tasks and procedures where regulated waste could be generated. One bag should be used for reclaimable items such as clothing and equipment, and a second bag should be used for saturated disposable items such as the gloves and booties. Biohazard bags containing regulated waste are to be returned to the VOSH Regional or Field office by the employee, where the Agency will arrange for appropriate disposal of such waste. Disposal of such waste is to be accomplished in accordance with the Commonwealth of Virginia's Regulated Medical Waste Management Regulations.

Equipment that may be contaminated with blood or other potential infectious material will be bagged and decontaminated as recommended by manufacturer or other technical references. Should decontamination not be feasible or cost effective, then disposal procedures guidelines for regulated waste will be followed.

#### **POST-EXPOSURE EVALUATION AND FOLLOW-UP**

The Agency will offer post-exposure evaluation and follow-up briefings following an exposure incident to any compliance officer who suffers an exposure incident while performing VOSH-related job duties. All medical evaluations and procedures related to post-exposure incidents are to be made available at no cost to VOSH personnel in accordance with the Virginia Worker's Compensation Act and under other conditions set forth in 1910.1030(f).

The Regional Director or immediate supervisor will assure that each compliance officer who has an exposure incident is instructed to seek medical attention in accordance with the State's workers' compensation procedures. Compliance officers must realize that any exposure incident is an event for which immediate medical attention must be sought, as the effectiveness of the prophylaxis depends on the immediacy of its delivery. Each exposure incident will be immediately reported by the compliance officer to his/her immediate supervisor. The Regional Director should notify the Division of Human Resources in the same manner as any other job-related injury or illness.

Following an exposure incident, an Exposure Incident Report (*see Appendix A*) will be completed by the compliance officer. The completion of this report should be done in consultation with the Regional Director or supervisor as soon as possible. In no instance should report completion and physician evaluation be delayed. The completed report is to be given by the employee to the evaluating physician. A copy of the Exposure Incident Report, along with a First Report of Injury, is to be forwarded to the Department of Human Resources. Report information will include (a) a description of the compliance officer's duties as they relate to the exposure incident; and (b) documentation of route(s) of exposure and circumstances under which exposure occurred. Through direct input by the compliance officer, the evaluating physician is best able to understand exactly what exposure occurred and therefore direct treatment appropriately.

#### ***INFORMATION PROVIDED TO THE EVALUATING PHYSICIAN***

Post-exposure evaluation and follow-up are to be provided to the compliance officer consistent with the requirements of 1910.1030. Therefore, upon presenting for a medical evaluation, the compliance officer will give to the physician the Materials for the Evaluating Physician (*Appendix B of this Plan for Hepatitis B vaccination and Appendix C of this Plan for Evaluation following Exposure Incident*). The instructions for the physician describe the requirements of 1910.1030 and instruct the physician to provide his/her written opinion to the compliance officer who must then forward the completed document to the Division of Human Resources. The Division of Human Resources will maintain the physician's written opinion. The physician must also forward a copy of the actual evaluation results to the Department of Human Resources. The evaluation results will be retained in the compliance officer's confidential medical record maintained in the Department of Human Resources.

#### **HEPATITIS B VACCINATION**

The Hepatitis B Vaccination series will be made available to compliance officers who have had an exposure incident based upon the recommendation of the treating health care professional. Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. This opinion will be limited to whether or not the employee requires the hepatitis vaccine and whether the vaccine was administered.

If a compliance officer declines the vaccination, the compliance officer must sign the declination form in Appendix B of this plan. If a compliance officer initially declines the Hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the Agency will make the vaccination available at that time. Documentation of the employee's refusal of the vaccination will be maintained by the Division of Human Resources.

#### **COMMUNICATION OF HAZARDS TO EMPLOYEES**

##### ***LABELS AND BAGS***

The Agency will provide biohazard labels to be affixed to bags containing any contaminated equipment until the contaminated equipment can be returned to the Regional or Field office or shipped to another facility (*see the "Contaminated Equipment" section of this Plan.*). Biohazard labels are to be carried by each compliance officer performing an inspection where contamination of equipment is likely.

The Agency will provide appropriate bags for containment of any regulated waste or contaminated equipment generated by compliance officers performing procedures in the Exposure Determination section of this Plan. A bag and biohazard labels are to be carried by the compliance officer where there is any question of appropriate handling of regulated waste by the facility undergoing inspection or when contamination of equipment is reasonably anticipated.

Bags will be disposed of as ordinary refuse unless in the rare instance when they are contaminated to the extent that they are considered regulated waste as defined by standard. In such case, see the Regulated Waste section of this Plan.

### ***TRAINING***

All compliance officers are to participate in the Agency's training program for bloodborne pathogens at the time of initial assignments to tasks where occupational exposure occurs. The training program contains all the elements specified in 1910.1030(g). The Agency will use a "train-the-trainer" approach in bloodborne pathogens, whereby at least one representative from each Regional or Field office participates in bloodborne pathogens training at the OSHA Training Institute. The training requirements will also be met if the compliance officer attends the VOSH 7201 Bloodborne Pathogens course.

The OSHA Training Institute (OTI) course is conducted by a combination of health care professionals and nonhealth care professionals with expertise in the standard. Personnel participating in the OTI training course who will function as solitary trainers at the Regional or Field Offices must have a biological sciences background and/or expertise in the area of bloodborne pathogens. This enables the trainer to answer questions that arise in the interactive component of bloodborne pathogens training. In addition, the Regional Director or designee will determine where site-specific training is needed and will ensure that such training is provided.

Training will be conducted on an annual basis, and Regional Directors will ensure that updates are given when there are changes in duties or procedures.

## **RECORDKEEPING**

### ***MEDICAL RECORDS***

Medical records are to be maintained by the Division of Human Resources, CSHO Medical Records section as part of the confidential medical files of compliance officers. Such records are maintained in accordance with 1910.20 and applicable HIPPA laws.

### ***TRAINING RECORDS***

Training records are to contain all the information specified in 1910.1030(h)(2) and will be maintained for at least 3 years from the date on which the training occurred. Training records will be held by the Division of Human Resources.

### ***TRANSFER OF RECORDS***

The Agency will comply with the requirements of 1910.20(h) involving any transfer of records.

Exposure incident reports will remain with the Division of Human Resources. The compliance officer may request and receive a copy of such records when transferring to another assignment.

## **EVALUATION OF CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT**

The evaluation of circumstances of exposure incident is to be completed by the Regional Director or designee from the Regional or Field Office where the compliance officer is assigned. This evaluation will consist of at least:

- a review of the Exposure Incident Report (see Appendix A) completed by the exposed compliance officer, and reviewed by the Regional Director or designee;
- 2. documentation regarding a plan to reduce the likelihood of a future similar exposure incident; and,
- 3. notification of the Division of Human Resources and discussion of any similar incidents and planned precautions.

Such reports will be maintained with the Division of Human Resources with a copy sent to the Health Compliance Director. The Health Compliance Director will review these reports on a periodic basis so that reported information can be considered in the review and update of the Plan. In addition, the Health Compliance Director will issue an alert to the Regions should similar incidents or trends among Regions be noted so that further incidents can be anticipated and prevented.

## Appendix A

### EXPOSURE INCIDENT REPORTING FORM

Employee's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date of Exposure: \_\_\_\_\_ Time of Exposure: \_\_\_\_\_ ☐ AM ☐ PM

Hepatitis B Vaccination Status: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Describe what job duties you were performing when the exposure incident occurred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe the circumstances under which the exposure incident occurred (what happened that resulted in the incident):

\_\_\_\_\_  
\_\_\_\_\_

What body fluid(s) were you exposed to? \_\_\_\_\_

What was the route of exposure (e.g., eye, mouth, mucosal contact, contact with non-intact skin, percutaneous)?

\_\_\_\_\_

Describe any personal protective equipment in use at time of exposure incident:

\_\_\_\_\_

Did the PPE fail? ☐ Yes ☐ No. If yes, explain how: \_\_\_\_\_

Identification of source individual(s) (names): \_\_\_\_\_

\_\_\_\_\_

Other pertinent information: \_\_\_\_\_

\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Regional Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A Copy Must Be Sent to Human Resources**

## **Appendix B**

### **HEPATITIS B VACCINE DECLINATION STATEMENT**

**I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine at no charge to myself. However, I decline the hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at no charge to me.**

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**Employee Signature**

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**Date**

## Appendix C

### INSTRUCTIONS FOR THE EVALUATING PHYSICIAN

This Department of Labor and Industry employee may have suffered an exposure incident as defined in the Bloodborne Pathogens Standard. In accordance with the standard's provision for post exposure evaluation and follow up, the employee presents to you for evaluation. Included to assist you in the evaluation are:

- (A) A copy of 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens;
- (B) A description of the exposed employee's duties as they relate to the exposure incident;
- (C) Documentation of the routes of exposure and circumstances under which the exposure occurred;
- (D) Results of the source individual's blood testing, if available; and
- (E) All medical records relevant to this employee's appropriate treatment, including vaccination status.

After completing the evaluation, please:

- (A) Inform the employee regarding the evaluation results and any follow up needed;
- (B) Complete the attached written opinion form and give it to the employee; and
- (C) Send a copy of all evaluation results and records to:

The Virginia Department of Labor and Industry  
Human Resources Department  
13 South Thirteenth Street  
Richmond, Virginia 23219-4101

Please indicate: "**CONFIDENTIAL: MEDICAL RECORDS**" on the envelope.

These copies will be maintained a part of the employee's confidential medical record in the Department of Human Resources.

Should you have any questions regarding the evaluation or medical records, please contact the Department of Labor and Industry's Human Resource Office at 804.786.9869.

## WRITTEN OPINION

### Part A

#### Hepatitis B Vaccination Assessment

To the Evaluating Physician:

After you have determined whether there are contra indications to vaccination of the Department of Labor and Industry employee with Hepatitis B vaccine, please state in the space below only (A) if vaccine was indicated (B) if vaccine was received.

(All other findings are to remain confidential and are not to be included on this page)

Please return this sheet to this employee, \_\_\_\_\_  
Name of employee

Thank you for your evaluation of this employee.

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Physician's name (printed)

\_\_\_\_\_  
Date

## WRITTEN OPINION

### Part B

To the Evaluating Physician:

After your evaluation of this Department of Labor and Industry employee, please assure that the following information has been furnished to the employee and provide your initials beside the following statements:

- (A) \_\_\_\_\_ The employee has been informed of the results of this evaluation.
- (B) \_\_\_\_\_ The employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation.

No other findings may be included on this report.

Please return this sheet to this employee, \_\_\_\_\_  
Name of employee

Thank you for your evaluation of this employee.

\_\_\_\_\_  
Physician's signature